

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4208AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/29/2011
NAME OF PROVIDER OR SUPPLIER LAS VEGAS HOME SWEET HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 2615 LINDELL ROAD LAS VEGAS, NV 89146		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of a complaint investigation conducted on your facility from 3/29/11 to 4/29/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility was licensed for 10 Residential Facility for Group beds for elderly or disabled persons and/or persons with mental illness, Category II residents. The facility received a grade of D. Complaint #NV00027908 was substantiated. See TAGs Y050, Y0590, Y0620 and Y0682. Complaint #NV00028171 was substantiated. See TAGs Y026, Y053, Y276, Y645 and Y936. Additional deficiencies were identified and cited: Y 026 449.190(3) Contents of License-Multiple Types SS=D NAC 449.190 3. A residential facility may be licensed as more than one type of residential facility if the facility provides evidence satisfactory to the bureau that it complies with the requirements for each type of facility and can demonstrate that the residents will be protected and receive necessary care and services.	Y 000	<i>Wah POC JB</i>	
		Y 026 ✓ <i>JB 5/23/11</i>	TAG Y026 A RESIDENT #1 has been discharged (thanks to the keen observation of our new Administrator). SEE next page.	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE *[Signature]* (X6) DATE *5/20/11*

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<p>Y 026 Continued From page 1</p> <p>This Regulation is not met as evidenced by: Complaint NV00028171</p> <p>Based on record review and interview on 4/26/11, the facility was caring for 1 of 8 persons with a chronic illness without an endorsement and failed to obtain the necessary training to care for such persons (Resident #1).</p> <p>Severity: 2 Scope: 1</p> <p>Y 050 449.194(1) Administrator's SS=G Responsibilities-Oversight</p> <p>NAC 449.194 The administrator of a residential facility shall: 1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.2766, inclusive, and chapter 449 of NRS.</p> <p>This Regulation is not met as evidenced by: Complaint #NV00027908</p> <p>Based on interview and record review from 3/29/11 to 4/29/11, the administrator failed to provide oversight and direction to the staff to</p>	<p>Y 026</p> <p>Y050 ✓ 5/23/11</p>	<p>TAG Y026 Continued</p> <p>B) The new Administrator will monitor all incoming residents for the appropriate placement, while facility consider adding an endorsement for such a resident. C) 5/10/11</p> <p>TAG Y050</p> <p>A) The facility and staff will provide (from here on) the necessary assistance needed for both discharged and current residents.</p> <p>B) The New administrator will direct and oversee employees of this facility to ensure all paperwork and assistance have been arranged on each patient who might be discharged. C) 5/10/11</p>	<p></p>

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Y 050	Continued From page 2 ensure 1 of 1 discharged residents received the needed services they required (Resident #9). Findings include: The administrator failed to ensure staff followed criteria for resident admission by allowing a bedfast resident, (Resident #9), with a peripherally inserted central catheter (PICC) line to be admitted. Resident #9 failed to receive the appropriate care for his condition. The resident developed decubitus ulcers which increased in size and severity during the six weeks he resided in the facility. See also TAGs Y590, Y620 and Y682. Severity: 3 Scope: 1	Y 050			
Y 053 SS=B	449.194(4) Administrator's Responsibilities-Complete Rec NAC 449.194 The administrator of a residential facility shall: 4. Ensure that the records of the facility are complete and accurate. This Regulation is not met as evidenced by: Complaint NV00028171 Based on record review interview on 4/26/11, the administrator failed to keep the records of the facility complete and accurate for 4 of 8 residents (Resident #1, #4, #7 and #8 - files failed to contain admission contracts and completed face	Y 053 8/3 6/2/11	TAG Y053 A) Residents #1, 4 & 8 have been discharged and the necessary papers on #7 are in tact. B) Our new administrator will provide the assistance and direction to enable all our residents with all paperwork to have and maintain completed files. all files will be looked at on a bi-monthly basis. C)		5/10/11

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Y 053	Continued From page 3 sheets with the required information contained in NAC 449.2749 (1)). Severity: 1 Scope: 2	Y 053		
Y 105 SS=E	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Based on record review on 4/26/11, the facility failed to ensure 1 of 3 employees met background check requirements of NRS 449.176 to 449.188 (Employee #3 - failed to have evidence of a signed criminal history statement or background check from this facility). This is a repeat deficiency from the 12/2/10 State Licensure survey. Severity: 2 Scope: 2	Y 105 EB 6/2/11	TAG Y105 A) EMP #3 has taken the steps for fingerprinting as of 5/19/11. When the entire process is complete, copies will be available for viewing. B) The new administrator has taken the initiative to view all files and will (as long as she is the Admin) maintain all renewals on a yearly file as files are bi-monthly renewals. C) SEE Hatchman 5/19/11	
Y 174 SS=D	449.209(4)(a) Health and Sanitation-Offensive odors NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (a) Offensive odors.	Y 174 EB 5/23/11	TAG Y174 A) Due to the constant desire to beinate where ever, we have discharged Res. #1 to stay on top of the necessary cleanliness that is appropriate for all involved. S.	

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Y 174	Continued From page 4 This Regulation is not met as evidenced by: Based on observation on 4/26/11, the facility failed to ensure the premises were kept free from offensive odors. (There was a strong smell of urine in Resident #1's bedroom and the bathroom just outside Resident #1's bedroom). Severity: 2 Scope: 1	Y 174	B) The Caregivers and administrator will ensure the facility is maintained as expected. Our residents will be observed for signs of incontinence on a daily basis. C) ^{SEE} Attachment 5/10/11	
Y 276 SS=E	449.2175(7) Nutrition and Service of Food NAC 449.2175 7. Meals must be nutritious, served in an appropriate manner, suitable for the residents and prepared with regard for individual preferences and religious requirements. At least three meals a day must be served at regular intervals. The times at which meals will be served must be posted. Not more than 14 hours may elapse between the meal in the evening and breakfast the next day. Snacks must be made available between meals for the residents who are not prohibited by their physicians from eating between meals. This Regulation is not met as evidenced by: Complaint NV00028171 Based on observation and interview on 4/26/11, the facility failed to provide nutritious meals and snacks between meals for 4 of 8 residents (Residents complained the facility did not follow the posted menu, the food served was mostly soup, they did not eat much because they did not like the food served). Severity: 2 Scope: 2	Y 276 6/2/11	TAG Y276 A) We have (at this facility) attempted to please all resident involved. We have collaborated with the new Administrator for improved ways to increase the satisfaction of all involved. B) The new Administrator and Caregivers alike (working together) will improve this process. C) 5/19/11 projected date. IF not sooner.	

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Y 577 SS=D	<p>449.267(6) Money and Property of Residents</p> <p>NAC 449.267</p> <p>6. Except as otherwise provided in subsection 7, an operator or employee of a residential facility shall not accept appointment as a guardian or conservator of the estate of any resident, become a substitute payee for any payments made to any resident or accept an appointment as attorney in fact for any resident.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview on 4/26/11, the facility failed to ensure that an employee (the owner) did not accept an appointment as a guardian of the estate of any resident for 1 of 8 residents (Resident #8).</p> <p>Severity: 2 Scope: 1</p>		Y 577 83 5/23/11	<p>TAG 577</p> <p>A) The new administrator has taken action on this issue and Res # 8 has been discharged.</p> <p>B) Although the previous admin. might have been aware, this oversight will be closely monitored for each new & current arrival, by the New Administrator</p> <p>5/10/11</p>	
Y 590 SS=G	<p>449.268(1)(a) Resident Rights</p> <p>NAC 449.268</p> <p>1. The administrator of a residential facility shall ensure that:</p> <p>(a) The residents are not abused, neglected or exploited by a member of the staff of the facility, another resident of the facility or any person who is visiting the facility.</p>		Y 590		

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Y 590	<p>Continued From page 6</p> <p>This Regulation is not met as evidenced by: Complaint #NV00027908</p> <p>Based on record review and interviews from 3/29/11 to 4/29/11, the administrator failed to prevent 1 of 1 discharged residents from being neglected (Resident #9).</p> <p>Findings include:</p> <p>According to the facility intake information and previous hospital admission records, Resident #9 was admitted to the facility on 2/6/11 with a diagnosis of squamous cell carcinoma with mets (metastasis) to the spine, stage IV esophageal cancer, lower spine cancer and had the inability to walk. Also, Resident #9 had a history of debility, confusion, depression, and failure to thrive.</p> <p>- Employee #1 on 4/12/11, acknowledged Resident #9 did not have a decubitus ulcer when he arrived at the facility, but developed them during his stay. Employee #1 explained Resident #9 refused to be turned in his bed because of pain, frequently refused to be moved to his wheelchair, and stayed in his room most of the time. Employee #1 reported a home health agency came in three times a week to care for Resident #9, they cleansed and dressed his wounds but never turned him.</p> <p>- Interviewee #1, from the home health agency, acknowledged Resident #9 was put on their service on 2/8/11. On 2/25/11, wound care orders were added because the resident developed decubitus ulcers. Interviewee #1 stated "there was no wounds on (Resident #9) when he first went on service."</p>	Y 590 8/3 5/23/11			

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Y 590	Continued From page 7 According to home health notes dated 2/25/11, Resident #9 developed two wounds after admission to the facility: - #1 a stage III wound on the right buttocks measuring 3 centimeters (cm) x 4 cm. - #2 a stage III wound to the right buttocks measuring 3 cm x 2.8 cm. On 3/7/11, the home health notes documented the same two wounds with the same stage but enlargement: - #1 the stage III wound on the right buttocks now measuring 6 centimeters (cm) x 4 cm. - #2 the stage III wound to the right buttocks measuring 4 cm x 4 cm. - Review of facility progress notes dated 3/8/11 documented, "(Resident #9's) bedsores not getting any better. Talked to the administrator and talked to the nurse about what's going on with (Resident #9) and what's best to do about the bed sore." The notes on 3/11/11, documented, "Today the home health nurse ordered an air mattress bed to comfort the bed sore. (Resident #9) is still refusing to turn." - Review of the hospital admission physician's notes dated 3/17/11, revealed stage IV esophageal cancer that spread to the hips and spine, sacral decubitus, protein calorie malnutrition, and dehydration. The physician noted, Resident #9 had lost a tremendous amount of weight and had a tremendous amount of pain in his lower back. - Review of hospital emergency room record dated 3/17/11, indicated a skin breakdown with	Y 590	<p><i>TAG Y590</i></p> <p><i>A) Res #9 has been discharged and frankly should not have been admitted with the extensive list of ailments.</i></p> <p><i>B) AGAIN, our new Administrator has the experience to keep this facility within the guidelines required and for the patient safety also. Incoming clients will be screened by the Administrator</i></p> <p><i>C) 5/10/11</i></p>	

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Y 590	Continued From page 8 two circular stage III ulcers on Resident #9's coccyx with surrounding black tissue. Also noted was stage IV esophageal cancer, lower spine cancer, and dehydrated with problems drinking fluids. When the dressing was removed from sacral area there was greenish yellowish drainage on bandage. The facility failed to ensure the resident did not have skin breakdown with the development of decubitus ulcers while in the facility. Severity: 3 Scope: 1	Y 590		
Y 620 SS=D	449.2702(4)(a) Admission Policy NAC 449.2702 4. Except as otherwise provided in NAC 449.275 and 449.2754, a residential facility shall not admit or allow to remain in the facility any person who: (a) Is bedfast. This Regulation is not met as evidenced by: Complaint #NV00027908 NAC 449.2702 6. As used in this section: (a) "Bedfast" means a condition in which a person is: (1) Incapable of changing his position in bed without the assistance of another person; or (2) Immobile.	Y 620 83 5/23/11	<i>TAG Y620</i> <i>A) IN Reference to TAG Y590 the said Resident has been discharged.</i> <i>B) The Administrator will oversee all incoming residents.</i> <i>C) 5/10/11</i>	

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Y 620	Continued From page 9 Based on record review, and interview on 4/12/11, the facility admitted a resident who was bedfast (Resident #9). Severity: 2 Scope: 1	Y 620		
Y 645 SS=B	449.2704(1)-(5) Rate Agreement NAC 449.2704 The administrator of a residential facility shall, upon request, make the following information available in writing: 1. The basic rate for the services provided by the facility; 2. The schedule for payment; 3. The Services included in the basic rate; 4. The charges for optional services which are not included in the basic rate; and 5. The residential facility's policy on refunds of amounts paid but not used. This Regulation is not met as evidenced by: Complaint NV00028171 Based on record review on 4/26/11, the facility failed to provide a rate agreement for 3 of 8 residents (Resident #1, #4 and #8). Severity: 1 Scope: 2	Y 645 JB 5/23/11	<p>TAG Y645</p> <p>A) Residents 1, 4 & 8 are discharged and the administrator will be the overseer of all incoming residents and paperwork.</p> <p>B) The Administrator will provide all necessary paperwork with the allotted time frame for incoming residents. All files have been current in regards to this and other matters as well.</p> <p>C) 5/10/11 See Attachment</p>	
Y 682 SS=D	449.271(3) Prohibited Condition / Serious medical condit	Y 682		

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Y 682	Continued From page 10 NAC 449.271 Except as otherwise provided in NAC 449.2736, a person must not be admitted to a residential facility or permitted to remain as a resident of a residential facility if he: 3. Suffers from any other serious medical condition that is not described in NAC 449.2712 to 449.2734, inclusive. This Regulation is not met as evidenced by: Complaint #NV00027908 Based on record review and staff interview on 4/12/11, the facility admitted and retained a resident with a condition and equipment that required management by a trained medical professional (Resident #9 was admitted with a peripherally inserted central catheter (PICC)). Severity: 2 Scope:1	Y 682 803 5/23/11	TAG Y682 A) Resident #9 has been discharged. B) The new administrator has, and is instructing the staff about prohibited conditions. Who we are able to except and not. The administrator will oversee incoming residents and assessing often their continuous eligibility to remain C) 5/11/11	
Y 921 SS=E	449.2748(2) Medication Storage NAC 449.2748 2. Medication stored in a refrigerator, including, without limitation, any over-the-counter medication, must be kept in a locked box unless the refrigerator is locked or is located in a locked room. This Regulation is not met as evidenced by: Based on observation on 4/26/11, the facility failed to ensure that refrigerated medications belonging to 2 of 8 residents were secured	Y 921 803 6/2/11	TAG Y921 A) Residents #1 & 5 is discharged and facility is currently purchasing a box for this specific cause. B) The caregivers will take responsibility to monitor medications required for lock box in refrigerator. cont	

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Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4208AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/29/2011
NAME OF PROVIDER OR SUPPLIER LAS VEGAS HOME SWEET HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 2615 LINDELL ROAD LAS VEGAS, NV 89146		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 921	Continued From page 11 (Resident #1 - Humalog and #5 - Copaxone). Severity: 2 Scope: 2	Y 921	<i>TBS Y921 The Administrator will follow-up during medication review. C 5/19/11</i>	
Y 936 SS=E	449.2749(1)(e) Resident file-NRS 441A Tuberculosis NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. This Regulation is not met as evidenced by: Complaint NV00028171 Based on record review on 4/26/11, the facility failed to ensure 4 of 8 residents complied with NAC 441A.380 regarding tuberculosis testing (Resident #1, #4, #7 and #8 - residents were admitted to the facility without a two-step TB test and were not assessed with a signs and symptoms form). Severity: 2 Scope: 2	Y 936 ✓ <i>8/3 0/2/11</i>	<i>TAG Y936 A) Residents 1,4,8 are discharged. Resident #1 has the TB test that was needed. B) The new Administrator has instructed EMP #3 to ensure necessary papers (as the TB test) are in the facilities possession before Resident arrives. Also, the Administrator will do bi-weekly file updates (Monday to Day bi-monthly). Thanks! C) 5/11/10</i>	

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM

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WYIB11

If continuation sheet 12 of 12

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